



Elexza Business Solutions, LLC

Financial Solutions for Small Businesses & Individuals

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Client Questionnaire

Please complete this form and return it to us via email or fax so that we can better assess your accounting, payroll and tax needs. If necessary, attach more information about your specific needs that will help us better understand your business.

1. Client Company Information

Company Name: _____

Company EIN: _____

Address: _____ Sole Prop Partnership

City/St/Zip: _____ C Corp. S Corp.

Phone: _____ LLC LLP

Last Month of Tax Year (e.g., Dec)? _____ Number of years in business _____

Owner(s) Names / % ownership _____

Accounting/Bookkeeping Contact at company _____

Name of CPA Firm Contact / Phone _____ Phone _____

2. What is your industry? _____

3. What do you sell? Product Service

4. How to you prefer to get paid? Cash Check Credit Card Bank Transfer

5. Number of business Bank Account _____ Credit Card _____ Other Account _____

What areas do you need help with?

Bookkeeping

Start Date _____

Bookkeeping Cleaning & Catch Up

Period _____

Payroll

Start Date _____

New Business Setup/Registration

Effective Date _____

Sales & Use Tax

Start Date _____

Tax Planning & Preparation

Year _____

Estimated Tax Payments

Quarter _____

Advisory Services

Quarter _____

Payroll

1. Do you have W-2 employees? _____ If so, how many employees do you have? _____
2. Do you pay 1099 vendors (contractors)? Yes ____ No ____ Approximate #? _____
What software or method are you currently using to process your payroll? _____

3. How do you prefer to pay your employees? ____ Check ____ Direct Deposit ____ Both
4. How frequent do you want to pay your employees (e.g., weekly)? _____
5. Are your IRS payroll reports and deposits current? Yes ____ No ____
If no, explain _____

Bookkeeping

1. What is the company's approximate annual revenue? _____
2. Do you collect Sales Tax? Yes ____ No ____
3. Are your Sales & Use Tax payments current Yes ____ No ____
If no, date of last payment _____
4. How many sales do you complete per month and what is your average income per sale?
If you have several businesses, please specify these averages for each business.

5. How many repeat customers/clients do you have? _____
6. Do you intend to use QuickBooks to track inventory? Yes ____ No ____
If so, approximately how many Inventory Items do you stock? _____
7. Do you have (or need) a cash register, Point of Sale System or separate customer billing software? Yes ____ No ____ If yes, which one? _____
8. Do you need multi-user access? Yes ____ No ____
If so, what kind of network do you have? _____
How many employees will access the file simultaneously? _____
How many users on the network have access to the Internet? _____
What type of Internet connection is available to the QuickBooks computer? _____
9. I am primarily interested in using Bookkeeping for (check one)
 - Management reports of the company only, tax return information is not kept in QuickBooks.
 - Preparing financial statements for my tax returns or creditors only, no need for management reports.
 - Both management and tax return records are essential to be tracked.
10. Do you need a departmental profit and loss? Yes ____ No ____ # of depts. _____

- 11. Do you need budget reports? Yes ____ No ____
How many accounts are budgeted? ____
Does the company need departmental budget reports? Yes ____ No ____
Does the company need budget reports for each customer or job? Yes ____ No ____
- 12. Do you need job cost reports? Yes ____ No ____
- 13. Do you prepare invoices? Yes ____ No ____
- 14. How do you pay bills? _____
- 15. How many hours do you spend on bookkeeping _____ Payroll _____
- 16. On a scale of 1 to 10, 1 being no *bookkeeping* experience and 10 being a *bookkeeping* expert, rate the skill level of your QuickBooks users.
Name/level: _____ / ____ Name/level: _____ / ____ Name/level: _____ / ____
- 17. On a scale of 1 to 10, 1 being no QuickBooks experience and 10 being a QuickBooks expert, rate the skill level of your QuickBooks users.
Name/level: _____ / ____ Name/level: _____ / ____ Name/level: _____ / ____
- 18. What accounting solution are you currently using? (e.g., QuickBooks or another accounting software solution, compilation or bookkeeping services, a manual ledger system, etc.) _____
- 19. Do you have access to accurate, monthly profit and loss reports or year-to-date General Ledger balances from your previous system? _____
- 20. Are you interested in using our firm to setup a **new** QuickBooks data file for your company? Yes ____ No ____ Not Sure ____
If yes, please answer the following
 - a. Will the setup occur in the middle of a calendar year? Yes ____ No ____
 - b. Will the setup occur in the middle of a fiscal year? Yes ____ No ____
- 21. Do you already own the appropriate number of licensed copies of QuickBooks?
Yes ____ No ____
- 22. If applicable, do you already own the appropriate number of licensed copies of other software we will install or configure? For example, QuickBooks POS or a QuickBooks Add-on product?
Yes ____ No ____ Product Name(s) and Version: _____
If no, would you like us to purchase and install the software for you? Yes ____ No ____

Tax Planning & Preparation

- 1. Are your tax returns current? Yes ____ No ____ If no, year of last return filed ____
- 2. Do you owe money to the IRS? Yes ____ No ____ If yes, approx. amount _____
- 3. Do you make estimated tax payments? Yes ____ No ____
- 4. Do you owe taxes after taxes are filed? Yes ____ No ____

What are the goals for your business in the next six (6) months, one (1) year and five (5) years? _____

